



South Dakota Board of Nursing
South Dakota Department of Health
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

Nurse Aide
Application for *Curriculum Changes* to a Currently Approved Training Program

Allow up to 5-7 business days for the SDBON to process your application

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period.

To request approval of a NATP, complete and submit this application along with required documentation to the Board of Nursing by faxing to the number listed above or email to Tessa.Stob@state.sd.us. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Name of Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address of **Program Coordinator**: _____

Email Address of **Primary Instructor**: _____

1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may NOT perform training ([ARSD 44:74:02:10](#)).

- ☐ If requesting new Program Coordinator attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material ([ARSD 44:74:02:11](#)). The Director of Nursing (DON) may not perform training ([ARSD 44:74:02:10](#)).

- If requesting new Primary Instructor :
 - ☐ Attach curriculum vita, resume, or work history.
 - ☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)



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Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist ([ARSD 44:74:02:12](#)).

☐ *If requesting new Supplemental Personnel* attach curriculum vita, resume, or work history

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

2. Identify the approved curriculum(s) your NATP will use:

- ☐ How To Be a Nurse Assistant Blended/Online Training Program
- ☐ Avera Education & Staffing Solutions (AESS) Online Curriculum
- ☐ We Care Online
- ☐ American Health Care Association - How to be a Nurse Assistant
- ☐ Hartman's Nursing Assistant Care - Long Term Care and Home Care, 3rd Edition
- ☐ Hartman's Nursing Assistant Care - The Basics, 4th Edition
- ☐ Medcom, Inc - The New Nursing Assistant, 8th Edition
- ☐ Mosby's Essentials for Nursing Assistants
- ☐ Nebraska Health Care Association

Program Coordinator Signature:_____ **Date:**_____

This section to be completed by the South Dakota Board of Nursing

Date Application Received:	Date Application Denied:
Date Approved:	Reason for Denial:
Expiration Date of Approval:	
Board Representative:	